

*Missouri Substance Abuse Counselors'
Certification Board, Inc.*

(573) 751-9211
(573) 522-2073 (FAX)

www.dmh.mo.gov/msaccb
msaccb@dmh.state.mo.us

P.O. Box 1250
Jefferson City, MO 65102-1250

Notice To Applicant:

This packet contains the necessary information for you to begin the counselor recognition/certification process. **This document is 57 pages in length.** There is NOT an expiration date on the web site counselor application. Therefore, if you do not complete and mail this application to the MSACCB in a timely fashion, it is possible that changes in the requirements or process could be in place. These changes will be listed in an updated version of the application. The revision dates in the lower left hand corner will change when the application packet has been updated. If you are unsure if any changes have occurred since the time you received this application and are ready to submit the completed application, please contact the Board office. **Do not forget to include an additional \$25.00 for this application along with the recognition or certification fee.** Applicants must meet requirements that are in place at the time the MSACCB receives their application. Please be aware the requirements are subject to change without notice.

It is strongly suggested that you **immediately complete the State of Missouri Caregiver Background Screening form that follows the application and mail it to the Missouri State Highway Patrol along with a \$5 check for the processing fee.** It takes up to eight weeks for the MSACCB to receive the results of the background screening from the Missouri State Highway Patrol and the other four State agencies. This could delay the completion of your application.

THE APPLICATION MUST BE TYPED OR NEATLY PRINTED. Please make sure all of the information requested is returned and the application has been completed, signed and dated. Do not submit your application in any type of notebook or binder. Please be sure to retain a copy of all materials submitted for your own records.

IMPORTANT NOTE: THE RECOGNITION/CERTIFICATION FEE IS NOT REFUNDABLE.

If application deficiencies are not corrected within 90 days of its review the application will be closed. Do not submit the application until all requirements have been met for the level for which you are applying. If your documented experience does not qualify you to become recognized/certified, the fee and application will not be returned. All applications become the property of the MSACCB. If you have any questions regarding your qualifications, please contact the Board office in writing.

Please understand documentation of your application process is a two-way responsibility shared by both you and this Board. Try to do all of your business by mail so both parties have copies of all information pertaining to your application. From time to time, however, phone calls will be necessary. Please simply follow-up with a written memorandum summarizing any telephone calls. Failure to do so may result in future misunderstandings of previous conversations. For confidentiality reasons no information regarding the specifics of your application will be given over the phone - only general questions will be answered.

Revised 10/5/04 (Online Application)

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Notice To The Upgrade Applicant:

This packet contains the necessary information for you to begin the upgrade process to RASAC II, CSAC I, CSAC II or CASAC. **This document is 57 pages in length.** There is NOT an expiration date on the web site counselor application. Therefore, if you do not complete and mail this application to the MSACCB in a timely fashion, it is possible that changes in the requirements or process could be in place. These changes will be listed in an updated version of the application. The revision dates in the lower left hand corner will change when the application packet has been updated. If you are unsure if any changes have occurred since the time you received this application and are ready to submit the completed application, please contact the Board office. **Do not forget to include an additional \$25.00 for this application along with the recognition or certification fee.** Applicants must meet requirements that are in place at the time the MSACCB receives their application. Please be aware the requirements are subject to change without notice.

It is strongly suggested that you **immediately complete the State of Missouri Caregiver Background Screening form that follows the application and mail it to the Missouri State Highway Patrol along with a \$5 check for the processing fee.** It takes up to eight weeks for the MSACCB to receive the results of the background screening from the Missouri State Highway Patrol and the other four State agencies. This could delay the completion of your application. **This is required each time you upgrade.**

Do not duplicate information (i.e. training certificates sent with previous application). However, the actual six pages of the application packet must be completed in their entirety each time you upgrade.

Three new contact hours of Substance Abuse Ethics education are required for CSAC I, CSAC II, or CASAC upgrade applications. These hours must have been obtained after completion of your current credential.

THE APPLICATION MUST BE TYPED OR NEATLY PRINTED. Please make sure all of the information requested is returned and the application has been completed, signed and dated. Do not submit your application in any type of notebook or binder. Please be sure to retain a copy of all materials submitted for your own records.

IMPORTANT NOTE: THE RECOGNITION/CERTIFICATION FEE IS NOT REFUNDABLE. If application deficiencies are not corrected within 90 days of its review the application will be closed. Do not submit the application until all requirements have been met for the level for which you are applying. If your documented experience does not qualify you to become recognized/certified, the fee and application will not be returned. All applications become the property of the MSACCB. If you have any questions regarding your qualifications, please contact the Board office in writing.

Please understand documentation of your application process is a two-way responsibility shared by both you and this Board. Try to do all of your business by mail so both parties have copies of all information pertaining to your application. From time to time, however, phone calls will be necessary. Please simply follow-up with a written memorandum summarizing any telephone calls. Failure to do so may result in future misunderstandings of previous conversations. For confidentiality reasons no information regarding the specifics of your application will be given over the phone - only general questions will be answered.

Revised 10/5/04 (Online Application)

***MISSOURI SUBSTANCE ABUSE COUNSELORS'
CERTIFICATION BOARD, INC.***

**APPLICATION BOOKLET
FOR RASAC, CSAC AND CASAC**

P. O. Box 1250

Jefferson City, Missouri 65102-1250

Telephone: (573) 751-9211

FAX: (573) 522-2073

www.dmh.mo.gov/msaccb

MSACCB@dmh.mo.gov

**PLEASE READ THIS BOOKLET IN ITS ENTIRETY
BEFORE COMPLETING THE APPLICATION.**

**FAILURE TO FOLLOW THE PROCEDURES
CONTAINED INSIDE COULD RESULT IN THE DENIAL
OF YOUR APPLICATION.**

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INTRODUCTION

In January 1975 the Missouri Association of Alcoholism Counselors (MAAC), now known as the Missouri Addiction Counselors Association (MACA), was founded. Its primary purpose, at that time, was to serve as a catalyst for the formation of an alcoholism counselor certification system.

In January 1976, a proposal based in part on the federal Littlejohn Report was submitted to the Missouri Division of Alcohol and Drug Abuse; this report called for a competency-based system. During the summer and fall of 1976, a certification board, defined in the original MAAC proposal, was selected.

In 1977, this new board formed an independent corporation, the Missouri Substance Abuse Counselors' Certification Board, Inc. That Board, consisting of seven elected representatives from MAAC, three appointees from the Missouri Advisory Council on Alcoholism and Drug Abuse, and one professional-at-large elected by the Board, was the center of the development of a voluntary substance abuse counselor certification system, based on the concept of professional peer review.

In 1985 the Board became a member of the International Certification and Reciprocity Consortium, Alcohol and Other Drug Abuse (IC&RC/AODA). The IC&RC/AODA is a membership organization for certification authorities. Its purpose is to promote uniform professional standards. Each member board accepts the certificate of other member boards as meeting its certification requirements. As of 2002, 64 boards in 41 states, Washington DC, U.S. Air Force, U.S. Army, U.S. Navy, Puerto Rico, Canada, Bermuda, Germany, Malaysia, Singapore, Sweden, United Kingdom, Indian Health Services which includes Albuquerque Area Inter Tribal Counsel, Indian Alcoholism Commission of California, Nashville Area Substance Abuse Certification Board, Northern Plains Native American Chemical Dependency Association, Northwest Indian Alcohol/Drug Specialist Certification Board, Southwest Indian Substance Abuse Counselor Certification Board and Upper Midwest Indian Certification Board.

In June 1988 the Missouri Substance Abuse Counselors' Certification Board changed its procedure for electing representatives to serve on the Board. The current Board consists of five certified counselors; one from each of the five regions of the state recognized by the Missouri Division of Alcohol and Drug Abuse. Every three years certified counselors have an opportunity to nominate and elect a representative from their region of residence. Elected representatives serve a three-year term. The Board also has a representative from the Division of Alcohol and Drug Abuse State Advisory Council, one representative appointed by the Director of the Division of Alcohol and Drug Abuse, one representative appointed by the Missouri Addiction Counselor Association and at least 2 members who are certified counselor's appointed as members-at-large by the Executive Committee. The past president also serves as a non-voting member.

In addition to the opportunity to serve on the Board, certified counselors may serve on a number of committees of the Board. These include the Credentials Committee, Continued Quality Improvement Committee, Ethics and Appeals Committee and ad hoc committees as necessary.

PURPOSES OF COUNSELOR RECOGNITION/CERTIFICATION

FOR THE CLIENT:

To assure competent, professional counseling.

FOR THE PUBLIC-AT-LARGE:

To assure counselor competency which will better assure effective treatment and meet standards required for licensing and program certification and accreditation.

FOR THE PROGRAM:

To establish a credentialing and clinical privileging structure for staff. To assure compliance with state regulations regarding personnel requirements.

FOR THE COUNSELOR:

To provide a respected credential of professional competency.

FOR THE PROFESSION:

To provide a career ladder for counselors with progressively responsible and autonomous levels and method whereby the highest professional standards can be maintained.

CODE OF ETHICS

Each applicant is required to subscribe and adhere to the following Code of Ethics:

1. I shall give precedence to my professional responsibility over my personal interests and will uphold the dignity and honor of my profession.
2. I shall show respect for each client and colleague by maintaining an objective professional relationship at all times. I will not engage in any activity that results in exploitation of clients for personal gain, be it sexual, financial or social.
3. I shall adhere to a strict policy of nondiscrimination. I will deliver kind and humane treatment to all clients in my care regardless of race, creed, reproductive status, gender, disability, age, sexual orientation or economic condition. I will work toward the prevention and elimination of such discrimination in rendering services and overall employment practices.
4. I shall respect clients' basic human rights, including their right to make decisions, to participate in any plan made in their interest, even to reject the services being offered.

5. I shall remain aware of my own skills and limitations. I will attempt never to counsel or advise clients on matters outside my area of expertise. I will recognize when it is in the best interest to release or refer the client to another program or professional.
6. I shall accept responsibility for my continuing education and professional development as part of my commitment to providing quality care for persons who seek my services as a substance abuse counselor and/or supervisor.
7. I shall adhere to a strict policy of professional respect for the views, actions, and findings of colleagues and members of other professions and programs. I will always use appropriate practices when expressing agreement or disagreement in judgment on such matters.
8. I shall not discuss my opinion of agency policy or management functions with clients.
9. I shall provide an appropriate setting for clinical work to ensure professionalism, and to provide a supportive environment for all clients searching for recovery.
10. I shall abstain from the non-medical use of any mood altering chemicals while on the job, and will abstain from all illegal substances. I will serve as a responsible role model for clients, staff and community.
11. I shall not denigrate other professions nor engage in any false or misleading communications about my own or other professionals' abilities, training/experience and ethical conduct.
12. I shall accept this professional responsibility to report in writing to the Missouri Substance Abuse Counselors' Certification Board, Inc., P.O. Box 1250, Jefferson City, MO 65102-1250, any violation of this Code of Ethics by any counselor credentialed by the Certification Board.

DENIAL OF APPLICATION, REVOCATION OR SUSPENSION OF RECOGNITION/CERTIFICATION

Applicants shall be of good moral character with a reputation for honesty, integrity and professionalism. State of Missouri Caregiver Background Screenings are conducted on all applicants. Information contained in the record checks shall be used to determine good moral character. Applicants, who have been on probation or parole for a federal, state, county, city, or municipal offense must have been released from court supervision for a minimum of two years prior to applying for any level of recognition or certification. If no probation is ordered, an applicant may apply to the MSACCB two years after sentencing. Any time during the application process, if the Board becomes aware of any circumstance or event which, in the Board's opinion, indicates that the applicant is not a person of good moral character or does not have a reputation for honesty, integrity of professionalism, the Board may either deny the

application at that time or the Board may reserve the right to take disciplinary action against the applicant upon certification. If the Board elects the latter course of action, the applicant will be notified of the possibility of future disciplinary action. Circumstances or events, which could give, rise to the above Board action could include, without limitation, criminal arrests, convictions, pleas of guilty, current substance abuse, or any other evidence of dishonesty or unprofessionalism. Falsification or misrepresentation of information on the "Application for Recognition/Certification" may result in being denied recognition/certification or revocation of the same upon discovery. A counselor's recognition/certification may be suspended or revoked or a counselor may be placed on probation for failure to adhere to the Code of Ethics.

TWO LEVELS OF RECOGNITION

Recognized Associate Substance Abuse Counselor I - (RASAC I)

Recognized Associate Substance Abuse Counselor II - (RASAC II)

THREE LEVELS OF CERTIFICATION

Certified Substance Abuse Counselor I - (CSAC I)

Certified Substance Abuse Counselor II - (CSAC II)

Certified Advanced Substance Abuse Counselor - (CASAC)

CAREER LADDER PROGRESSION

The levels of recognition and certification are organized to provide a professional career ladder for a counselor entering the field of substance abuse treatment and rehabilitation. Adequate supervision and continuing education are assured for the counselor who has limited experience and/or education related to the field of substance abuse treatment and rehabilitation. The levels are structured to provide increasing responsibility, autonomy and professional stature as knowledge and skills are demonstrated.

The counselor who begins as a recognized associate is able to become fully certified as quickly as possible. Although the five levels are designed as steppingstones toward increased professional competency and stature, it is possible for an applicant to seek recognition or certification at any level.

DEFINITIONS

A. EDUCATION/TRAINING is defined as workshops, seminars, institutes, accredited college/university courses, home study on on-line courses as pre-approved by the MSACCB and in-services. One (1) contact hour of education is equal to sixty (60) minutes of continuous instruction. A semester college course of three (3) credits from an accredited college is equal to forty-five (45) contact hours.

In order to be considered a valid training experience for the purpose of recognition/certification, education must be related to the knowledge and skill base associated with the counselor core functions: screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, reporting and record keeping, and consultation and the five major performance domains: assessment, counseling, case management, education and professional responsibility which comprise the alcohol and drug counseling profession (for CASAC applicants there are two additional performance domains: clinical supervision, and research).

All education taking place outside the applicant's place of employment must be documented through proof of attendance including original, official transcripts (not issued to the student or copied) from an accredited college, letters and/or certificates of completion. Supporting documentation in the form of brochures, flyers, syllabus, course description, etc. may also be required to review content for acceptability.

All education taking place within the applicant's place of employment must be documented by title, date and length of presentation, as well as the name and title of presenter. The training must be verified by the employee's supervisor who attests the training took place and the employee was a participant in the entire training.

Topics considered appropriate for training include: basic psychology, counseling theory and technique, addictions theory, family systems theory, treatment planning, record keeping, and other similar topics directly related to the practice of the profession of substance abuse counseling.

Education requirements vary according to the type of recognition or certification being sought. Please refer to the "Criteria for Recognition/Certification" for specific requirements.

B. EMPLOYMENT is defined as paid, supervised work experience in a substance abuse treatment and rehabilitation program with job duties that assist clients in the recovery process by performing the 12 core functions. Experience as a volunteer, intern and/or payment of a stipend is not qualifying experience.

All qualifying employment experience must have been accrued during the ten (10) years immediately prior to application being made. The maximum hours that can be accrued are forty (40) per week or two thousand (2,000) per year.

Employment must be in positions such as substance abuse counselor, counselor trainee, or

counselor associate. An applicant must demonstrate the position or work setting primarily involved responsibilities directly related to the treatment and rehabilitation of substance abuse providing the 12 core functions. The burden of demonstration rests with the applicant. Work experience will be prorated if other duties are included.

Employment experience must be verified by a statement from the agencies in which the applicant has been employed.

Employment requirements vary according to the type of recognition or certification being sought. Please refer to the "Criteria for Recognition/Certification" for specific requirements.

C. SUPERVISED PRACTICUM IN THE 12 CORE FUNCTIONS is defined as the performance of the 12 counselor core functions: Screening, Intake, Orientation, Assessment, Treatment Planning, Counseling, Case Management, Crisis Intervention, Client Education, Referral, Reporting and Record Keeping, and Consultation.

Supervision must be provided by a Certified Substance Abuse Counselor II or Certified Advanced Substance Abuse Counselor.

Supervisory methods must include, but are not limited to, individual supervisory sessions, formal case presentations and/or staffings, and conjoint/co-therapy sessions. Other supervisory methods may also be utilized, such as group team supervision and audio/audio-video recording and review.

The supervision of the 12 core functions may take place within an academic setting and/or within a supervised work setting. The goal is to receive supervised experience in all of the 12 core functions. Applicants must complete a minimum of 20 hours performing each of the 12 core functions. Not more than 2,000 performing hours may be documented for a one year period of time. Additionally, applicants must meet the minimum hours of supervision in each core function as outlined in the Criteria for Recognition/Certification.

The applicant's CSAC II or CASAC supervisor must document experience on the Supervised Practicum in the Core Function Form, which is included in the application packet.

CRITERIA FOR RECOGNITION/CERTIFICATION

RASAC I	<i>Recognized Associate Substance Abuse Counselor I</i> <ul style="list-style-type: none">• State of Missouri Caregiver Background Screening• High School Diploma or GED• Counselor Development Plan* (a form in the application packet)• 160 Hours Employment within last 10 years• Three Letters of Recommendation
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RASAC II	<p><i>Recognized Associate Substance Abuse Counselor II</i></p> <ul style="list-style-type: none"> • State of Missouri Caregiver Background Screening • High School Diploma or GED • 2000 Hours Employment within last 10 years • Counselor Development Plan* (a form in the application packet) • 90 Contact Hours of Education to include the following: <ul style="list-style-type: none"> 9 hours substance abuse ethics, 30 substance abuse related hours 30 hours obtained in past 12 months; 20 of this 30 must be outside place of employment • 400 Hours of Supervised Practicum in the 12 Core Functions including 75 hours of supervision* • Three Letters of Recommendation
CSAC I	<p><i>Certified Substance Abuse Counselor I</i></p> <ul style="list-style-type: none"> • State of Missouri Caregiver Background Screening • High School Diploma or GED • 4000 Hours Employment within last 10 years • 180 Contact Hours of Education related to the five performance domains, and also include the following: <ul style="list-style-type: none"> 9 hours substance abuse ethics, ** 45 hours substance abuse training and 45 hours counseling skills. 60 hours obtained in past 2 years and 40 of this 60 obtained outside place of employment • 1000 Hours of Supervised Practicum in the 12 Core Functions including 125 hours of supervision* • Three Letters of Recommendation • Written Case Study • Successful completion of the Written Examination • Successful completion of the Case Presentation Method (CPM)
CSAC II R E C I P R O C E D U R E	<p><i>Certified Substance Abuse Counselor II</i></p> <ul style="list-style-type: none"> • State of Missouri Caregiver Background Screening • High School Diploma or GED • 6000 Hours Employment within last 10 years • 270 Contact Hours of Education related to the five performance domains, and also include the following: <ul style="list-style-type: none"> 9 hours substance abuse ethics, ** 45 hours substance abuse training and 45 hours counseling skills. 60 hours obtained in past 2 years and 40 of this 60 obtained outside place of employment • 1800 Hours of Supervised Practicum in the 12 Core Functions including 150 hours of supervision* • Three Letters of Recommendation <p><i>If not previously completed at the level required of CSAC I</i></p> <ul style="list-style-type: none"> • Written Case Study • Successful completion of the Written Examination • Successful completion of the Case Presentation Method (CPM)

CASAC	<i>Certified Advanced Substance Abuse Counselor</i>
	<ul style="list-style-type: none"> • State of Missouri Caregiver Background Screening • Master's degree in a Human Services Behavioral Science field with a Clinical application (e.g. practicum) • 4000 Hours Employment within last 10 years • 180 Contact Hours of Education related to the seven performance domains, and also include the following: <ul style="list-style-type: none"> 9 hours substance abuse ethics,** 45 hours substance abuse training and 45 hours counseling skills. 60 hours obtained in past 2 years and 40 of this 60 obtained outside place of employment • 300 hours of Supervised Practicum in the 12 Core Functions including a minimum of 30 hours of supervision* • Three Letters of Recommendation • Successful completion of the Written Examination for CASACs
RECEIPT	<p><i>If not previously completed at the level required of CSAC I or II</i></p> <ul style="list-style-type: none"> • Written Case Study • Successful completion of the Case Presentation Method (CPM)

*** CSAC IIs and CASACs are the only qualified supervisors for application purposes.**

**** Three new contact hours (obtained after completion of current credential) of substance abuse ethics are required when counselors upgrade to CSAC I, CSAC II, and CASAC.**

APPLICATION PROCEDURES

The applicant must meet all requirements for the level that is being applied for at the time the application is submitted to the Board for recognition or certification. If the applicant does not meet the requirements he/she should not apply at this time. As soon as an applicant has met all requirements, it is recommended to apply as soon as possible because of timelines for Credentials Committee reviews and written examination dates. After the application has been received by the Board office, it will be reviewed for completeness and to ensure all documentation has been received. The applicant will receive a letter outlining any application deficiencies. It will be the applicant's responsibility to correct deficiencies within 90 days.

After 90 days have lapsed, if all deficiencies have not been corrected, the application will expire and no refund will be made.

1. The application packet contains all the information needed to apply for recognition or certification. In addition to the Application and Application Booklet, there are ten enclosures: State of Missouri Caregiver Background Screening, Counselor Employment Verification Form, Supervised Practicum in the 12 Core Functions, Counselor Development Plan, Case Presentation Materials, Documentation of Disability Related Needs, Fee Schedule*, Written Exam/CPM Schedule*, Flowchart for the Written Examination*, Board Member Listing*, and Application Submission Checklist*.

*These enclosures are informational only and are not to be returned. The Supervised Practicum in the 12 Core Function Form is applicable to all applicants except RASAC I. The Counselor Development Plan is applicable to RASAC I and II applicants only.

2. The proper application fee must accompany a submitted application. The fee must be paid by check. **The fee is nonrefundable in the event the applicant does not meet requirements.** Please refer to the enclosed listing of fees.
3. The applicant must currently reside and/or be employed in the State of Missouri at least 51% of the time. The only exception to this is applicants living and working in a state that is not a member of the International Certification and Reciprocity Consortium.
4. The application must be typed or neatly printed. The completed application must be returned to the Board Office at least **FOUR** months prior to the date of the written exam. Please refer to the enclosed Exam Schedule and Flowchart for the examination.

An applicant for CSAC I, II or CASAC must **submit a written case presentation** acceptable to the Board **at the time of application**. Please refer to the enclosed packet, which contains all the information needed to prepare a case study.

5. All applicants must have three original letters of recommendation specific to the applicant seeking recognition/certification. All Counselor Employment Verification forms must be sent directly to the MSACCB office by the employer accompanied by an **official job description attached for each position listed on the Counselor Employment Verification Form.**
6. The Board's Credentials Committees reviews all completed applications. The committee may require additional information from the applicant before making a final determination. No applicant will be eligible to take the written exam until final approval of the application is given by the Credentials Committee.
7. The successful applicant will receive an entrance letter to the written exam from the Board Office about two weeks prior to the exam date. This letter will specify the date, time and location of the exam. It is important to take the written examination when scheduled. An unexcused absence could result in a lost opportunity to test.

Approximately six weeks after taking the written test, the applicant will be notified of the results in writing. No results will be provided over the telephone, to anyone, under any circumstance.

If an applicant fails the written examination, the applicant may **RETEST** on the next test date only. The applicant must request in writing as directed by any written correspondence by the Board office to retest and enclose the appropriate retest fee. Applicants have two opportunities to pass the written test under the same application. If

an applicant fails the written test twice under one application, the applicant must reapply. An unexcused absence could result in a lost opportunity to test.

CSAC I, II and CASAC applicants passing the corresponding written exam will be eligible for the case presentation.

8. Applicants will receive a scheduling letter indicating testing time and location approximately two weeks prior to the CPM date. After taking the CPM, the applicant will receive an official notification of the results in approximately 21 days. Those applicants passing the CPM become certified counselors with all rights and privileges.

Those failing the CPM will receive written notification indicating the core function(s) in which performance was not acceptable. The applicant may **RETEST** on the next available CPM test date only. The applicant must request in writing as directed by written correspondence by the Board office to retake the CPM and enclose the appropriate retest fee.

Applications will be closed for those applicants failing the CPM twice under the same application. A new application must be requested in writing from the board office or downloaded from the MSACCB web page and accompanied by the appropriate fee as directed in correspondence from the Board office.

Individuals may reapply within one year of failing their last CPM and their passing written examination score from their last application will stand.

WRITTEN EXAMINATION

Applicants for CSAC I or II must successfully complete a 150 question, multiple choice exam, which includes the following five major performance domains: assessment, counseling, case management, education and professional responsibility which comprise the alcohol and drug counseling profession. Applicants for CASAC must successfully complete a 175 question, multiple choice exam. The exam includes the performance domains listed previously in addition to the two additional domains of clinical supervision, and research.

A Candidate Guide will be sent to eligible test applicants prior to the test date. Sample questions are listed in the guide.

The International Certification and Reciprocity Consortium for Alcohol and Drug Abuse (IC&RC/AODA) has developed a study guide available for purchase for the CSAC I, CSAC II, and CASAC exams. The guide may be purchased through the MSACCB Office at P.O. Box 1250, Jefferson City, Missouri 65102-1250. The cost of each study guide is \$40.00, which includes shipping and handling. The fee must be paid by check and payment must accompany the completed shipping label below. Applicants for the CASAC may wish to purchase the Role Delineation Study to assist in preparation for the exam. The cost of the Role Delineation Study is \$30.00, which includes shipping and handling.

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CASE PRESENTATION METHOD (CPM)

The case presentation process consists of two steps. The first step is the development of a written case study of a typical client. The directions for preparation of the case presentation are included with the application packet and the written case must be sent with the application for CSAC I, II or CASAC.

The second step is the CPM oral exam. During the interview, the applicant must demonstrate competency in each of the 12 core functions, all global criterion and apply that competency to the written case. This step takes place only after the applicant successfully completes the written exam.

The CPM will be facilitated by a trained proctor during the interview. Applicants will have 45 minutes to demonstrate competence in the 12 core functions, and answer a question for each core function completely. Responses will be evaluated independently by each evaluator for demonstration of competence in each core function, as well as completeness and clarity of the answer to each question. After you have completed the interview, the audio tapes will be sent to three CPM Evaluators who will score them and return the materials to the Board office.

Interviews will be audio-taped or video-taped in some instances as deemed necessary. Applicant's appearance for the interview is implied permission for recording and is noted on the Case Presentation coversheet.

A Candidate Guide will be sent to eligible test applicants prior to the test date. Sample questions are listed in the guide.

The International Certification and Reciprocity Consortium for Alcohol and Drug Abuse (IC&RC/AODA) has developed a study guide available for purchase. The guide may be

purchased through the MSACCB Office at P.O. Box 1250, Jefferson City, Missouri 65102-1250. The cost of the study guide is \$45.00, which includes shipping and handling. The fee must be paid by check or money order and may be added to the application fee and/or testing fee check. Payment must accompany the completed shipping label on the previous page.

RENEWAL PROCEDURES

RASAC I is a one year, non-renewable level of recognition. Applicants may reapply for RASAC I if criteria has not been met to upgrade to RASAC II.

RASAC II is a renewable level of recognition, which occurs annually. When renewing, the RASAC II must submit a signed Code of Ethics form and appropriate fee. Twenty contact hours of continuing education will be required, a maximum of 10 hours may be inservice trainings.

CSAC I, and CSAC II levels renew biennially with verification of 60 contact hours of continuing education, a signed Code of Ethics form and appropriate fee. A maximum of 20 hours may be inservice trainings. The CASAC level renew biennially with verification of 40 hours of continuing education a signed Code of Ethics form and appropriate fee. A maximum of 20 hours may be inservice training. A certified counselor's first renewal date will be October 31st at least one year after they pass the CPM. At that time the newly certified counselor must submit verification of 30 contact hours of continuing education, a signed Code of Ethics form and appropriate fee. A maximum of 10 hours may be inservice trainings.

Approximately six weeks prior to the renewal date, renewal packets will be sent to each RASAC II, CSAC I, II, and CASAC.

It is the counselor's responsibility to notify the Board Office in writing within 30 days of a change of address, phone number or employment. **The Board Office is not responsible if a counselor fails to notify of a change in address and renewal materials are not received. There is a fee for a replacement renewal packet. Please refer to the listing of fees.**

RECIPROCITY

Counselors at the level of CSAC II or CASAC are eligible for reciprocity (transfer) to any of the other 74 certification boards, which are members of the International Certification and Reciprocity Consortium for Alcohol and Other Drug Abuse (IC&RC/AODA). Any eligible counselor seeking reciprocity should contact the Board Office for further information.

INTERNATIONAL CREDENTIAL

Counselors at the level of CSAC II and CASAC are also eligible for the (ICADC) International Certified Alcohol and Other Drug Counselor. Application for ICADC is available to newly certified counselors at the CSAC II and CASAC levels and during renewals on a biennial basis.

KNOWLEDGE AND SKILL BASE FOR COUNSELOR COMPETENCIES

To receive a copy of the *Addiction Counseling Competencies: The Knowledge, Skill, and Attitudes of Professional Practice*, Technical Assistance Publications Series #21, call the National Clearinghouse for Alcohol and Drug Information (NCADI), at (800) 729-6686; TDD (for hearing impaired), (800) 487-4889.

You must pay \$25 for this application packet. Add the \$25 to the recognition or certification fee when you mail your completed application to the MSACCB.

**APPLICATION
FOR
RECOGNITION/CERTIFICATION**

As a

Recognized Associate Substance Abuse Counselor I (RASAC I)
Recognized Associate Substance Abuse Counselor II (RASAC II)

Certified Substance Abuse Counselor I (CSAC I)
Certified Substance Abuse Counselor II (CSAC II)

Or

Certified Advanced Substance Abuse Counselor (CASAC)

Appropriate fee must be submitted with application.

**MISSOURI SUBSTANCE ABUSE COUNSELORS'
CERTIFICATION BOARD, INC.
P.O. BOX 1250
JEFFERSON CITY, MISSOURI 65102-1250**

TELEPHONE: (573) 751-9211

FAX: (573) 522-2073

WEB SITE: www.dmh.mo.gov/msaccb

E-MAIL ADDRESS: MSACCB@mail.dmh.state.mo.us

This page must be returned with your application.

THIS APPLICATION MUST BE TYPED OR PRINTED NEATLY

All Applications Become the Property of MSACCB

Check class of recognition/certification for which you are applying:

____ Recognized Associate Substance Abuse Counselor I ____ Certified Substance Abuse Counselor I
____ Recognized Associate Substance Abuse Counselor II ____ Certified Substance Abuse Counselor II
____ Certified Advanced Substance Abuse Counselor

Applicant's Name: _____
First Middle Last Maiden Other Names Used

Name as you wish it to appear on a certificate: _____

Current Home Address: _____
Street City State Zip

Home Telephone: ____/____/____ SSN: ____ - ____ - ____

E-mail Address: _____

Provide Your Previous Addresses For The Past 10 Years. (**Attach additional sheets if necessary.**)

Previous Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

OPTIONAL RESEARCH INFORMATION

SEX: ____M ____F ____AGE ____ RACE ____ BIRTH DATE ____

YEARS OF EXPERIENCE IN SUBSTANCE ABUSE TREATMENT FIELD ____0-5 years ____6-10 years ____11years & Over

CURRENT SALARY

____\$0-\$14,999 ____\$15,000-\$24,999 ____\$25,000-\$34,999 ____\$35,000-\$44,999 ____\$45,000-\$54,999 ____\$55,000 & Over

Are you currently or have you been certified or licensed as a Substance Abuse Counselor by any other state or organization? ____Yes ____No

If yes, which state/organization and when? _____

What is the type of certification/licensure held with the other state/organization? _____

Have you ever been **ARRESTED** for a felony, misdemeanor, municipal, or any other offense? ____Yes ____No

If yes, for what offense, when, where, and status? _____

Have you ever been **CONVICTED** for a felony, misdemeanor, municipal, or any other offense? ____Yes ____No

If yes, for what offense, when, where, and status? _____

If you answered yes, please refer to section 630.170 RSMo (Missouri Revised Statutes) and all other chapters and sections referenced in 630.170 RSMo.

Has a report ever been **FILED**, as a perpetrator in a child abuse or neglect report to the Division of Family Services in Missouri or any other state? ____Yes ____No

If yes, what were the circumstances and send a copy of the report for that incident? _____

Has a report ever been **SUBSTANTIATED** as a perpetrator in a child abuse or neglect report to the Division of Family Services in Missouri or any other state? ____Yes ____No

If yes, what were the circumstances and send a copy of the report for that incident? _____

APPLICABLE 12 CORE FUNCTIONS WORK EXPERIENCE (Read instructions carefully)

Describe ONLY your applicable Counseling Employment below, beginning with your most recent counseling position. If more than one position or classification has been held with a given organization, list each position and classification as a separate period of employment. Make additional copies of this page if necessary to document all employment experience providing treatment and rehabilitation of substance abuse. Work experience in areas other than the 12 core functions is NOT being applicable. Work experience will be prorated if not working full time in the 12 core functions. Final determination of the acceptability of work experience shall be at the discretion of the MSACCB. **If any employment did NOT include some 12 core functions work, do NOT list on this application.**

1. Where Do You Currently Work?

Name of Employer:				
Mailing Address of Employer	Street	City	State	Zip Code
Name & Title of Immediate Supervisor:				
Your Business Phone: Area Code/Telephone Number		Extension	Fax #	Area Code/Telephone Number
Your Job Title:		Dates of Employment (Month & Year): From: To:		
List Below Details of Duties for this position (BE SPECIFIC); in addition also, attach copy of current job description:				
<div>Is this a full-time paid position? _____ (2,000 hrs. = 1 year) _____ hrs./wk. paid</div>				

2. Where Did You Work Prior To #1 Above

Name of Employer:				
Name & Title of Immediate Supervisor:				
Mailing Address of Employer	Street	City	State	Zip Code
Your Job Title:		Dates of Employment (Month & Year): From: To:		
List Below Details of Duties for this position (BE SPECIFIC):				
<div>Is this a full-time paid position? _____ (2,000 hrs. = 1 year) _____ hrs./wk. paid</div>				

3. Where Did You Work Prior To #2 Above?

Name of Employer:				
Name & Title of Immediate Supervisor:				
Mailing Address of Employer	Street	City	State	Zip Code
Your Job Title:		Dates of Employment (Month & Year): From: To:		
List Below Details of Duties for this position (BE SPECIFIC):				
<div>Is this a full-time paid position? _____ (2,000 hrs. = 1 year) _____ hrs./wk. Paid</div>				

EDUCATION/TRAINING

Name of High School _____

Dates of Attendance from _____ to _____ Did you graduate? _____

Location of High School _____

G.E.D. _____ Date _____ Where Issued _____

College and University (undergraduate, graduate, professional)

NAME AND LOCATION	FROM		TO		TOTAL SEMESTER HOURS	MAJOR SUBJECTS	DEGREE AND DATE RECEIVED AND/OR # OF CREDIT HOURS
	MO	YR	MO	YR			
Name _____ Location _____							
Name _____ Location _____							
Name _____ Location _____							

Please have official transcript(s) of any applicable course work to be evaluated for the education requirement sent directly to the MSACCB Board office. Student copies or photo copies will not be accepted.

In the space below, chronologically list all alcohol and drug related trainings, workshops, summer institutes, college coursework, etc. beginning with the most recent training.

Date	Title	Number of Contact Hours

Please attached additional sheet if necessary

PLEASE BE SURE TO SUBMIT CERTIFICATES OF ATTENDANCE AND LETTERS OF COMPLETION FOR EACH TRAINING AS LISTED ABOVE. INSERVICE HOURS MUST BE SIGNED BY SUPERVISOR OR TRAINING COORDINATOR IN YOUR AGENCY.

CODE OF ETHICS

Each applicant is required to subscribe and adhere to the following Code of Ethics

1. I shall give precedence to my professional responsibility over my personal interests and will uphold the dignity and honor of my profession.
2. I shall show respect for each client and colleague by maintaining an objective professional relationship at all times. I will not engage in any activity that results in exploitation of clients for personal gain, be it sexual, financial or social.
3. I shall adhere to a strict policy of nondiscrimination. I will deliver kind and humane treatment to all clients in my care regardless of race, creed, reproductive status, gender, disability, age, sexual orientation or economic condition. I will work toward the prevention and elimination of such discrimination in rendering services and overall employment practices.
4. I shall respect clients' basic human rights, including their right to make decisions, to participate in any plan made in their interest, even to reject the services being offered.
5. I shall remain aware of my own skills and limitations. I will attempt never to counsel or advise clients on matters outside my area of expertise. I will recognize when it is in the best interest to release or refer the client to another program or professional.
6. I shall accept responsibility for my continuing education and professional development as part of my commitment to providing quality care for persons who seek my services as a substance abuse counselor and/or supervisor.
7. I shall adhere to a strict policy of professional respect for the views, actions, and findings of colleagues and members of other professions and programs. I will always use appropriate practices when expressing agreement or disagreement in judgment on such matters.
8. I shall not discuss my opinion of agency policy or management functions with clients.
9. I shall provide an appropriate setting for clinical work to ensure professionalism, and to provide a supportive environment for all clients searching for recovery.
10. I shall abstain from the non-medical use of any mood altering chemicals while on the job, and will abstain from all illegal substances. I will serve as a responsible role model for clients, staff and community.
11. I shall not denigrate other professions nor engage in any false or misleading communications about my own or other professionals' abilities, training/experience and ethical conduct.
12. I shall accept this professional responsibility to report in writing to the Missouri Substance Abuse Counselors' Certification Board, Inc., P.O. Box 1250, Jefferson City, MO 65102-1250, any violation of this Code of Ethics by any counselor credentialed by the Certification Board.
13. Counselor's who supervise others accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation.

I HAVE READ AND WILL ABIDE BY THIS CODE.

Date

Signature of Counselor

AUTHORIZATION AND RELEASE

I hereby certify all of the information given herein is true and complete to the best of my knowledge and belief. I also authorize any relevant investigations, or the release of personal information to the Missouri Substance Abuse Counselors' Certification Board, Inc., its agents, or contractors pursuant to this application/renewal procedure. I understand falsification of any portion of this application/renewal will result in my being denied recognition/certification, or revocation of same upon discovery.

I further agree to hold the Missouri Substance Abuse Counselors' Certification Board, Inc. and its Board Members, officers, agents, staff, peer evaluators and examiners, free from any civil liability for damages or complaints by reason of any action that is within the scope and arise out of the performance of their duties which they, or any of them, may take in connection with this application/renewal, the written examination or oral presentation, the grades with respect to any examination, and/or the failure of the MSACCB to issue me said recognition/certification or renewal.

This Authorization and Release shall also apply to personal information requested by the Board at any time following certification/recognition in connection with any investigation concerning allegations that could lead to disciplinary action against me.

Date

Signature of Counselor

Important Recommendation for All Applicants

It is strongly recommended that immediately upon receiving your application packet, that you complete the State of Missouri Caregiver Background Screening form, sign, have it notarized, and mail it to the Missouri State Highway Patrol Criminal Records and Identification Division, P.O. Box 9500, Jefferson City, MO 65102, along with a check in the amount of \$5.00 made payable to the “Missouri State Highway Patrol”. This must also be done each time a counselor upgrades or reapplies. The Missouri State Highway Patrol will forward copies of your completed State of Missouri Caregiver Background Screening form to four other appropriate State agencies. Please allow six to eight weeks for the Missouri State Highway Patrol and the other four State agencies to forward their reports to the Missouri Substance Abuse Counselors' Certification Board, Inc. To prevent delays regarding the completion of your application, it is recommended that you mail the completed State of Missouri Caregiver Background Screening form and the \$5.00 processing fee to the Missouri State Highway Patrol at least six to eight weeks prior to mailing your completed application materials to the Missouri Substance Abuse Counselors' Certification Board. The Missouri Substance Abuse Counselors' Certification Board, Inc. must have this information in order for your application to be complete. Applicants have only 90 days after their application is reviewed to correct any deficiencies regarding their application and provide any missing documentation including the results from the State of Missouri Caregiver Background Screening.



STATE OF MISSOURI
CAREGIVER BACKGROUND SCREENING

AGENCY USE

BLOCK I - TO BE COMPLETED BY THE REQUESTOR

SECTION A: TYPE OF SCREENING (Check as many as applicable)

- | | |
|---|--|
| <input checked="" type="checkbox"/> 1. Child Abuse or Neglect File (No charge, Notary req) | <input checked="" type="checkbox"/> 4. Department of Mental Health Disqualified Registry (No charge, Notary req) |
| <input checked="" type="checkbox"/> 2. Family Foster Care Licensing (No charge) | <input checked="" type="checkbox"/> 5. Child Day Care Licensing (No charge) |
| <input checked="" type="checkbox"/> 3. Division of Aging Employee Disqualified List (No charge, Notary req) | <input checked="" type="checkbox"/> 6. State Criminal Background Check/Sexual Offender Registry - Name Search (\$5.00) |

SECTION B: REQUESTOR INFORMATION

Responses generated as a result of this form are confidential. Any person disclosing the information in violation of 43.540, 589.400 RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

REQUESTOR'S NAME Cheryl Mealy / MSACCB		REQUESTOR'S TELEPHONE 573-751-9211	
REQUESTOR'S ADDRESS P. O. Box 1250	CITY Jefferson City	STATE MO	ZIP CODE 65102-1250
SIGNATURE OF REQUESTOR (REQUIRED IN INK) <i>Cheryl L. Mealy</i>		DATE 7/1/04	

BLOCK II - TO BE COMPLETED BY THE CAREGIVER

SECTION C: IDENTIFYING DATA FOR BACKGROUND SCREENING

CAREGIVER NAME (LAST, FIRST, MI JR, SR, III)			SOCIAL SECURITY NUMBER	
MAIDEN NAME	DATE OF BIRTH (MMDDYY)	STATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE
ALIAS NAME(S)				

ADDRESSES FOR THE LAST 3 YEARS

STREET	CITY	STATE	STREET	CITY	STATE
--------	------	-------	--------	------	-------

SECTION D: AUTHORIZATION TO RELEASE BACKGROUND CHECK INFORMATION

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission to obtain any and all information needed to process this request, to make the information available to the requestor and to use the information as permitted by law.

SIGNATURE OF CAREGIVER, MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (REQUIRED IN INK)	DATE
---	------

SECTION E: NOTARY INFORMATION (Required for screening types 1, 3 and 4. See Section A above)

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

BLOCK III - REQUESTOR MUST PROVIDE RETURN ADDRESS BELOW

MO 300-1590N (8-02)

CHERYL MEALY / MSACCB

P. O. BOX 1250

JEFFERSON CITY MO 65102-1250

◀ ATTN (REQUESTOR'S NAME)

◀ ADDRESS 1

◀ ADDRESS 2 (IF APPLICABLE)

◀ CITY, STATE, ZIP CODE

MISSOURI'S CAREGIVER BACKGROUND SCREENING SERVICE

INSTRUCTIONS

This service allows the public to receive background information on people who provide daycare or healthcare services to children, the elderly and persons with disabilities.

The State, through various departments, offers several resources to screen caregivers:

1. Child abuse/neglect records, maintained by the Division of Family Services (573) 751-2330
2. Family Foster Care Licensing records, maintained by the Division of Family Services (573) 751-2330
3. The Employee Disqualification List, maintained by the Division of Aging (573) 522-2448
4. The Disqualified Registry, maintained by the Department of Mental Health (573) 751-8567
5. Child Daycare Licensing, maintained by the Department of Health (573) 751-2450
6. State criminal background checks, sexual offender registry, conducted by the Missouri State Highway Patrol (573) 526-6153

The Caregiver Background Screening Request form allows the public to obtain information from these databases through a single request. The form must be completed and signed by both the requestor and the caregiver. The requestor will receive separate responses from each agency database that is selected.

1. Once completed, send the form to the Missouri State Highway Patrol at the address below.
2. **If you have a question about a particular response, please call the agency that sent you the response at the phone number above.**

For purposes of this form, the requestor is the person who wishes to obtain background information on a potential caregiver. The caregiver is the person being screened for the purposes of potential employment as a daycare or healthcare service provider.

BLOCK I (To be completed by the requestor, or person obtaining information)

Section A: Type of Screening

Section A contains the resources available to screen potential caregivers. The requestor must indicate the resources to be included in the background screening. All screenings, except for the state criminal background check, are free of charge. Requests for state criminal background checks must be accompanied by a check for \$5 payable to the Missouri State Highway Patrol. In addition, screenings 1, 3 and 4 require a notary public to witness the caregiver's signed authorization to release information (See Section D and E). Screenings 2, 5 and 6 are considered open information under state statute and do not require a notary's verification.

Section B: Requestor's Information

The requestor must complete Section B.

BLOCK II (To be completed by the caregiver, or person being screened)

Section C: Identifying Data for Background Screening

The caregiver, or person being screened for potential employment, must complete Section C. This section consists of identifying information that is needed to conduct background screenings.

Section D: Authorization to Release Background Check Information

The caregiver must sign Section D to authorize the State to conduct the screening and to provide the information to the requestor. The caregiver must sign Section D in the presence of a notary public if screenings 1, 3 and 4 are selected.

Section E: Notary Information

A notary public must complete Section E after witnessing the caregiver's signed authorization for release of information in Section D.

BLOCK III (To be completed by the requestor, or person obtaining information)

The requestor must complete Block III by providing return address information.

Fill out the form as completely and accurately as possible. Accurate information on the form is essential for a quality background check.

SEND ALL COMPLETED BACKGROUND SCREENING FORMS TO:

Missouri State Highway Patrol
Criminal Records and Identification Division
P.O. Box 9500
Jefferson City, MO 65102

COUNSELOR DEVELOPMENT PLAN

This form is to be completed and signed by both the applicant and the CSAC II or CASAC supervisor for RASAC I and RASAC II applicants only.

This Counselor Development Plan is for the Upcoming Year(s), Beginning _____ and Ending _____.

Note: Plan may not cover more than one-year period of time unless applicant is working less than 100% of a 40-hour week in the 12 core functions.

Supervision must be provided by a Certified Substance Abuse Counselor II or Certified Advanced Substance Abuse Counselor only.

PLEASE TYPE OR PRINT NEATLY

I. BASIC APPLICANT INFORMATION

- A. Name of Applicant _____
Job Title _____
- B. Name of Agency _____
Location _____
City _____ State _____

II. CSAC II or CASAC SUPERVISOR INFORMATION

- A. Name of Supervisor _____
- B. Certificate Number: _____ C. Level of Certification: CSAC II or CASAC
- D. Date You Became CSAC II or CASAC: _____
- E. Job Title _____
- F. Name of Agency _____
Location _____
City _____ State _____

III. PRIMARY COUNSELOR DEVELOPMENT GOALS FOR APPLICANT FOR THIS PLAN PERIOD: _____

COUNSELOR DEVELOPMENT PLAN

PLAN AND GOALS

I. EMPLOYMENT

- A. What are the expected hours of employment related to the treatment and rehabilitation of substance abuse during the plan period? (Note: One year of full time employment equals 2000 hours.) _____
- B. Identify expected days per week and hours per day of employment. _____
- C. Is the counselor expected to have any duties other than the treatment or rehabilitation of substance abuse?
_____ YES _____ NO
• If yes, indicate the type of duties or clients served: _____
- D. In which program or at which site is the employment experience expected to occur? _____

II. EDUCATION

- A. What area/topics of education are most needed by the counselor? _____
- B. What are the expected contact hours of education during the plan period? _____ (Note: One contact hour of education equals 60 minutes of continuous instruction. A three credit hour college course equals 45 contact hours.)
- C. Will any of the education hours involve college/university course work related to counselor functions?
_____ YES _____ NO
• If yes indicate the college/university _____
course title _____
credit hours _____
- D. Will the education hours involve workshops or similar continuing education outside the place of employment
_____ YES _____ NO
• If yes, indicate the expected hours of such continuing education. _____
• If yes, indicate the areas/topics and identify specific workshops, to the extent possible. _____
- E. Will the education hours involve in-service training at the place of employment? _____ Yes _____ No
• If yes, indicate the expected hours of in-service training. _____
• If yes, indicate the areas/topics to the extent possible. _____

PLANS AND GOALS

III. SUPERVISED PRACTICUM

- A. What will be the primary goals of supervision?

- B. What are the expected total hours of supervised practicum during the plan period? _____
• How many of the total practicum hours will be spent performing core functions? _____
• How many of the total performing practicum hours will be supervised? _____
- C. When will regular supervisory conferences be held? _____
- D. Which of the following supervisory methods will be used?
_____ individual supervisory sessions
_____ review of written work
_____ case presentations/staffings
_____ audio/audio-video recording
_____ conjoint/co-therapy sessions
_____ other (please specify) _____
- E. What is the counselor's caseload at the beginning of this plan period? _____
• What is the expected caseload at the end of this plan period? _____
- F. Which of the core counselor functions will be performed?
_____ screening _____ client education
_____ intake _____ case management
_____ orientation _____ crisis intervention
_____ assessment _____ referral
_____ treatment planning _____ record keeping
_____ counseling _____ consultation
- G. What types of counseling services will be provided?
_____ individual counseling
_____ group counseling
_____ other (please specify) _____

Required Signatures

Applicant
Signature _____ Date _____

Supervisor
Signature _____ Date _____
(CSAC II or CASAC Only)

CSAC II or CASAC Certificate # _____

Missouri Substance Abuse Counselors' Certification Board, Inc.

(573) 751-9211

(573) 522-2073 (Fax)

P.O. Box 1250

Jefferson City, MO 65102-1250

COUNSELOR EMPLOYMENT VERIFICATION FORM

A present or former employee is applying to the Missouri Substance Abuse Counselors' Certification Board, Inc. for recognition or certification as a substance abuse counselor. Verification of employment is an essential part of the Board's review of the applicant. This information must be on file before an application may be processed.

Please return the completed information within one week of receipt directly to the Board at the address listed above. This form MUST be notarized and MUST have job descriptions attached for all positions listed below. Please give a copy of this form to the applicant for their records and future reference. Please feel free to add any additional or clarifying comments on a separate sheet, as this information will be confidential.

Employee's Name: _____

Supervisor's Name: _____

Agency: _____

Address: _____

Telephone: _____

Today's Date: _____

Job Title(s)	Position Starting Date	Position Ending Date <u>or</u> Today's Date <u>Only if Still</u> in the Position	Number of Hours Paid Per Week	Percentage of Time Spent Performing 12 Core Functions of <u>Substance Abuse</u> <u>Counseling*</u>
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %

***If the applicant was not working in a substance abuse counseling position(s) as is required, in addition to the required job description(s) also attach a brief letter indicating the number of hours the applicant worked in each of the 12 core functions during a typical 40 hours work week for each non-counseling position.**

Official Job Descriptions MUST Be Attached To This Form For All Positions Listed Above.

Superior's Signature: _____ Title: _____

Signed and sworn to before me this _____ day of _____, _____

Notary Public: _____

My Commission expires: _____, _____

DO NOT RETURN THIS FORM TO THE APPLICANT.

Revised 10/5/04 (Online Application)

(NOTARY SEAL)

SUPERVISED PRACTICUM OF THE 12 CORE FUNCTIONS FORM

INSTRUCTIONS: On this form document the hours the applicant completed performing the core function in the performed rectangle, and the number of those completed performed hours which were face to face supervised by a CSAC II or CASAC in the supervised rectangle for each core function. A minimum of 20 hours must be performed in each core function. Performed and supervised hours must be documented in each core function.

Supervised hours must be provided by a CSAC II or CASAC only.

FUNCTIONS	NUMBER OF HOURS		FUNCTIONS	NUMBER OF HOURS	
	Performed	Supervised		Performed	Supervised
Screening - the process by which a client is determined appropriate and eligible for admission to a particular program.			Case Management - activities which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts.		
Client Intake - the process of collecting client information at the beginning of treatment that is used in assessment of a client for treatment.			Crisis Intervention - those services which respond to client's needs during acute emotional and/or physical distress.		
Client Orientation - individual or group sessions to familiarize clients with program services, expectations and goals.			Client Education - presenting information with the major goal of increasing the client's knowledge and recognition of significant symptoms and patterns of problematic behavior.		
Client Assessment - the process by which a counselor evaluates the intake information collected in order to determine the appropriate services.			Referral - identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.		
Treatment Planning - defining areas of problems and needs, establishing long and short term goals, and developing appropriate strategies for reaching these goals			Record Keeping - charting the results of the assessment and treatment plans; writing reports, progress notes, discharge summaries and other client-related data.		
Counseling (Individual, Group & Significant Others) - a one-to-one counselor/client process for the purpose of assessing a client's problems and facilitating appropriate changes.			Consultation - relating with counselors and other professionals in regard to client treatment (services) to assure comprehensive, quality care for the client		

Applicant's Name: _____

SUPERVISOR INFORMATION

Name of Supervisor: _____ CSAC II or CASAC Certification #: _____

Title: _____ Date Became CSAC II or CASAC: _____

Agency: _____

Address: _____

Beginning and Ending Dates the Hours Documented Above Were Supervised: _____

Supervisor's Signature: _____ Today's Date: _____

Total Performed Hours Documented Above: _____ Total Supervised Hours Documented Above: _____

Not more than 2,000 Performed Hours may be performed in one year.

PLEASE RETURN THIS ORIGINAL FORM DIRECTLY TO THE BOARD OFFICE, MSACCB, P.O. BOX 1250, JEFFERSON CITY, MISSOURI 65102-1250 AND PROVIDE A COPY TO THE APPLICANT.

DO NOT RETURN THE ORIGINAL TO THE APPLICANT

Revised 10/5/04 (Online Application)

CASE PRESENTATION

BY

COUNSELOR'S NAME
(PLEASE TYPE

COUNSELOR'S STATEMENT

I hereby certify that I prepared this case presentation and that it represents an actual/typical case of mine.

I, the undersigned, understand that the audio tape of the case presentation interview and written case presentation will be the property of the Missouri Substance Abuse Counselors' Certification Board upon submission of the materials for review by the Board.

I also understand that this material may be reviewed by the Certification Board and its designated agents for evaluation and research purposes.

SIGNATURE_____

DATE_____

SUPERVISOR'S STATEMENT

NAME_____

(PLEASE TYPE)

TITLE_____

NAME OF AGENCY_____

SIGNATURE_____ DATE_____

DIRECTIONS FOR PREPARING CASE PRESENTATION

**PLEASE NOTE: YOUR CASE PRESENTATION MUST BE TYPED
DEMOGRAPHIC INFORMATION ON ACTUAL CLIENT**

1. The case you present must be related to the certification you are seeking.
2. Use an actual/typical client from your case files, one who has completed treatment or is no longer obtaining your services. Use a fictitious name for the client. Do not use abbreviations.
3. Complete the demographic information on the client.
4. Provide the information for items A through J. Begin by typing A. Substance Abuse History as a subheading, follow with the narrative (story style) on the client's history of substance abuse, go on to subheading B. Psychological Functioning. Complete this section and all succeeding sections through K in the same manner.
5. Sign the completed Counselor Statement on the cover sheet.
6. Give the completed case presentation to your supervisor for his/her review and signature (on the cover sheet).
7. Make five copies of the completed case presentation. Keep one copy for your personal file; mail the original and four copies to the Certification Board along with your application materials.

FICTIONAL NAME_____

AGE AT ADMISSION_____ **RACE**_____ **SEX**_____ **MARITAL STATUS**_____

EMPLOYMENT_____

REFERRAL SOURCE_____

CURRENT LEGAL STATUS_____

ADMISSION DATE_____ **DISCHARGE DATE**_____

TREATMENT SETTING AND MODALITY_____

A. SUBSTANCE ABUSE HISTORY

1. Substances Used
2. Frequency
3. Progression
4. Severity/Amount Used
5. Onset-When Started
6. Primary Substance
7. Route of Administration
8. Effects - Blackouts, Tremors, Tolerance, DTs, Seizures, Other Medical Complications (some of these can be included in the Physical History Section)

B. PSYCHOLOGICAL FUNCTIONING

1. Mental status - Oriented, Hallucinations*, Delusions*, Suicidal*, Homicidal*, Judgment*, Insight*

*to include both present and past

C. EDUCATIONAL/VOCATIONAL/FINANCIAL

1. Educational and Work History
2. Educational Level
3. Disciplinary Action (at school or work)
4. Reasons for termination
5. Current and Past Financial Status

D. LEGAL HISTORY (associated with or not associated with mood altering chemicals)

1. Charges, Arrests, Convictions
2. Current Status
3. Pending

E. SOCIAL HISTORY

1. Parents
2. Siblings/Rank
3. Psychological Functioning in Family
4. Substance Use in Family
5. History of Social Functioning from Childhood to Present
6. Family Functioning - Including Physical, Sexual, and Emotional Abuse
7. Relationship History
8. Children

F. PHYSICAL HISTORY

1. Both Alcohol and Drug, Non-alcohol and Drug Problems
2. Past and Present Major Medical Problems - i.e., Disabilities, Pregnancy and Related Issues, STD, Alcohol and Drug Related Problems

G. TREATMENT HISTORY

1. Both Alcohol and Drug and Psychological History

H. ASSESSMENT -- Identifying and evaluating an individual's strengths, weaknesses, problems, and needs for the development of the treatment plan.

I. TREATMENT PLAN -- Identifying and ranking problems needing resolution: establishing agreed upon immediate and long-term goals and deciding on a treatment process and the responses to be utilized.

J. COURSE OF TREATMENT -- Describe the counseling approaches you used, your rationale for their use and any revisions you made based on the client's unique problems and responses to treatment.

K. DISCHARGE SUMMARY -- Concise descriptions of the client's overall response to treatment, including alcohol/drug status at discharge.

POOL OF QUESTION FOR CASE PRESENTATION/ORAL INTERVIEW

It is the applicant's responsibility to demonstrate competence in the Core functions and Global Criteria (as delineated in the Core Functions definitions) and to provide complete answers and sufficient details to the questions. Memorization verbatim repetition and/or paraphrasing of the Core Functions definitions will not constitute demonstration of competence in the Core Functions areas or Global Criteria.

DEFINITION OF COMPETENCE

The applicant must competently describe the skills of the Core Functions and Global Criteria (as delineated in the Core Function definitions) and the application of appropriate skills in his or her professional practice.

SCREENING

Describe the elements of intake and how the intake process was completed in this case.

INTAKE

Describe the elements of intake and how the intake process was completed in this case.

ORIENTATION

Describe the process of orienting this client to your services.

ASSESSMENT

Describe the methods and procedures used to assess this client and explain the results of assessments.

TREATMENT PLANNING

Identify the components of treatment planning and describe the treatment planning process that occurred between you and this client.

COUNSELING

Identify your counseling theories and approach(s) and thoroughly describe how you applied these to the client in this case.

CASEMANAGEMENT

Describe the purpose of case management and how it applied to this client.

CRISIS INTERVENTION

Give an example of a crisis that occurred in this case and explain how you responded to it. If no crisis occurred, give an example of a crisis using another case.

CLIENT EDUCATION

Describe the client education and how you provide it in this case.

REFERRAL

Describe the referral process and how it was used in this case.

REPORTS AND RECORD KEEPING

Describe the report and record keeping process(s) and how they were used in this case.

CONSULTATION

Describe the purpose of consultation and the rationale for the results of consultations necessary in this case. If no consultation occurred, provide an example from another case.

TWELVE CORE FUNCTIONS OF THE ALCOHOL AND OTHER DRUG ABUSE COUNSELOR

The Case Presentation Method (CPM) Oral Interview is based on the Twelve Core Functions. Scores on the CPM are based on the Global Criteria for each Core Function. The Counselor must be able to demonstrate competence by achieving a passing score on the Global Criteria in order to be certified. Although the Core Functions may overlap, depending on the nature of the counselor's practice, each represents a specific entity. Give specifics throughout and do not supply original definitions.

- I. SCREENING:** The process by which the client is determined appropriate and eligible for admission to a particular program.

Global Criteria

1. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.
2. Determine the client's appropriateness for admission or referral.
3. Determine the client's eligibility for admission or referral.
4. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.
5. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse service.

Explanation

This function requires that the counselor consider a variety of factors before deciding whether or not to admit the potential client for treatment.

This is imperative that the counselor use appropriate diagnostic criteria to determine whether the applicant's alcohol or other drug use constitutes abuse. All counselors must be able to describe the criteria they use and demonstrate their competence by presenting specific examples of how the use of alcohol and other drug has become dysfunctional for a particular client.

The determination of a particular client's appropriateness for a program required the counselor's judgment and skill and is influenced by the program's environment and modality (i.e., inpatient, outpatient, residential, pharmacotherapy, detoxification, or day care) Important factors include the nature of the substance abuse, the physical condition of the client, the psychological functioning of the client, outside supports/ resources, previous treatment efforts, motivation and philosophy of the program.

The eligibility criteria are generally determined by the focus, target population and funding requirement of the counselor's program or agency. Many of the criteria are easily ascertained. These may include the client's age, gender, place of residence, legal status, veteran status, income level and the referral source. Allusion to following agency policy is a minimally acceptable statement.

If the applicant is found ineligible or inappropriate for this program the counselor should be able to suggest an alternative.

II. INTAKE: The administrative and initial assessment procedures for admission to a program.

6. Complete required documents for admission to the program.
7. Complete required documents for program eligibility and appropriateness.
8. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.

Explanation

The intake usually becomes an extension of the screening, when the decision to admit is formally made and documented. Much of the intake process includes the completion of various forms. Typically, the client and counselor fill out an admission or intake sheet, document the initial assessment, complete appropriate release of information, collect financial data, sign consent for treatment and assign the primary counselor.

III. ORIENTATION: Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by client, if any; and the client's rights.

9. Provide an overview to the client by describing program goals and objects for client care.
10. Provide an overview to the client by describing program rules and client obligations and rights.
11. Provide an overview to the client of program operations.

Explanation

The orientation may be provided before, during and/or after the client's screening and intake. It can be conducted in an individual, group or family context. Portions of the orientation may include other personnel for certain specific aspects of the treatment, such as medication.

IV. ASSESSMENT: The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan.

12. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.
13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and other drug and psycho-social history.
14. Identify appropriate assessment tools.
15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
16. Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

Explanation

Although assessment is a continuing process, it is generally emphasized early in treatment. It usually results from a combination of focused interviews, testing and/or record reviews.

The counselor evaluates major life areas (i.e., physical health, vocation development, social adaptation, legal involvement and psychological functioning) and assesses the extent to which alcohol and drug use has interfered with the client's functioning in each of the areas. The result of this assessment should suggest the focus of treatment.

V. TREATMENT PLANNING: Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the resources to be utilized.

17. Explain assessment results to client in an understandable manner.

18. Identify and rank problems based on individual client needs in the written treatment plan.
19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

Explanation

The treatment contract is based on the assessment and is a product of a negotiation between the client and the counselor to assure that the plan is tailored to the individual's needs. The language of the problem, goal, and strategy statement should be specific, intelligible to the client and expressed in behavioral terms. The statement of the problem concisely elaborates on a client need identified previously. The goal statements refer specifically to the identified problem and may include one objective or a set of objectives ultimately intended to resolve or mitigate the problem. The goals must be expressed in behavioral terms in order for the counselor and client to determine progress in treatment. Both immediate and long-term goals should be established. The plan or strategy is a specific activity that links problem with the goal. It describes the services, who will perform them, when will be provide, and at what frequency. Treatment planning is a dynamic process and the contracts must be regularly reviewed and modified as appropriate.

VI. COUNSELING: (Individual, Group, and Significant Others): The utilization of special skills to assist families or groups in achieving objectives through exploration of a problem and its ramifications; examinations of attitudes and feelings; consideration of alternative solutions; and decision-making.

21. Select the counseling theory(ies) that apply(ies).
22. Apply the technique(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.
23. Apply techniques(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.
24. Individualize counseling in accordance with cultural, gender, and lifestyle differences.

25. Interact with the client in an appropriate therapeutic manner.
26. Elicit solutions and decisions from the client.
27. Implement the treatment plan.

Explanation

Counseling is basically a relationship in which the counselor helps the client mobilize resources to resolve his or her problem and/or modify attitudes and value. The counselor must be able to demonstrate a working knowledge of various counseling approaches. These methods may include Reality Therapy, Transactional Analysis, Strategic Family Therapy, Client-Centered Therapy, etc. Further, the counselor must be able to explain the rationale for using a specific approach for the particular client. For example a behavioral approach might be a specific approach for the particular client. For example, a behavioral approach might be suggested for clients who are resistant and manipulative or have difficulty anticipating consequences and regulation impulses. On the other hand a cognitive approach may be appropriate for a client who is depressed, yet insightful and articulate.

Also, the counselor should explain his or her rationale for choosing a counseling approach in an individual, group or significant other context. Finally, the counselor should be able to explain when a counseling approach or context changed during treatment.

VII. CASE MANAGEMENT: Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

28. Coordinate services for client care.
29. Explain the rationale of case management activities to the client.

Explanation

Case management is the coordination of a multiple services plan. Case management decision must be explained to the client. By the time many alcohol and other drug abusers enter treatment they tend to manifest dysfunction in a variety of areas. For example, a heroin addict may have hepatitis, lack job skills and have a pending criminal charge. In this case, the counselor might monitor his medical treatment, make a referral to a vocational rehabilitation program and communicate with representative of the criminal justice system.

The client may also be receiving other treatment service such as family therapy and pharmacotherapy, within the same agency. These activities must be integrated into the treatment plan and communication must be maintained with the appropriate personnel.

VIII. CRISIS INTERVENTION: Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

30. Recognize the elements of the client crisis.
31. Implement an immediate course of action appropriate to the crisis.
32. Enhance overall treatment by utilizing crisis events.

Explanation

A crisis is a decisive, crucial event in the course of treatment that threatens to compromise or destroy the rehabilitation effort. These crises may be directly related to alcohol or drug use (i.e., overdose or relapse) or indirectly related. The latter might include the death of a significant other, separation/divorce, arrest, suicidal gestures, and a psychotic episode or outside pressure to terminate treatment. If no specific crisis is presented in the Written Case, relay on and describe a past experience with a client. Describe the overall picture-before, during, and after the crisis.

It is imperative that the counselor be able to identify the crisis when they surface, attempt to mitigate or resolve the immediate problem and use negative events to enhance the treatment efforts, if possible.

IX. CLIENT EDUCATION: Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.

33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
34. Present information about available alcohol and other drug services and resources.

Explanation

Client education is provided in a variety of ways. In certain inpatient and residential programs, for example, a sequence of formal classes may be conducted using a didactic format with reading materials and films. On the other hand, an outpatient counselor may provide relevant information to the client individually or informally.

In addition to alcohol and drug information, client education may include a description of self-help groups and other resources that are available to the clients and their families. The applicant must be competent in providing specific examples of the type of education provided to the client and the relevance to the case.

X. REFERRAL: Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

35. Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
36. Explain the rationale for the referral to the client.
37. Match client needs and/or problems to appropriate resources.
38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
39. Assist the client in utilizing the support systems and community resources available.

Explanation

In order to be competent in this function, the counselor must be familiar with community resources, both alcohol and drug and others, and should be aware of the limitation of each service and if the limitation could adversely impact the client. In addition, the counselor must be able to demonstrate a working knowledge of the referral process, including confidentiality requirements and outcomes of the referral.

Referral is obviously closely related to case management when integrated into the initial and on-going treatment plan. It also includes, however, aftercare or discharge planning referrals that take into account the continuum of care.

XI. REPORT AND RECORD KEEPING: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
41. Chart pertinent ongoing information pertaining to the client.

42. Utilize relevant information from written documents for client care.

Explanation

The report and record keeping function is important. It benefits the counselor by documenting the client's progress in achieving his or her goals. It facilitates adequate communication between co-workers. It assists the counselor's supervisor in providing timely feedback. It is valuable to other programs that may provide services to the client at a later date. It can enhance the accountability of the program to its licensing/funding sources. Ultimately, if performed properly, it enhances the client's entire treatment experience. The applicant must provide personal action in regard to the report and record keeping function.

XII. CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT/SERVICES: Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

43. Recognize issues that are beyond the counselor's base of knowledge and/or skills.
44. Consult with appropriate resources to ensure the provision of effective treatment services.
45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.
46. Explain the rationale for the consultation to the client, if appropriate.

Explanation

Consultations are meeting for discussion, decision-making and planning. The most common consultation is the regular in-house staffing in which client cases are reviewed with other members of the treatment team. Consultations may also be conducted in individual sessions with the supervisor, other counselors, psychologists, physicians, probation officer, and other service providers connected to the client's case.

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, psychological disability, physical disability, or other hidden disability which requires an accommodation in taking the written examination, or oral presentation, please: 1) have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify your disability/condition requires the requested test accommodation, and 2) complete the Test Applicant Information section below. If accommodation is not requested in advance, we cannot guarantee the availability or accommodation on-site.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known _____ since _____ in my capacity
(name of test applicant) (date)

as a _____. Today's date: _____
(professional title)

Signature: _____ License # (if applicable): _____

Nature of applicant's disability: _____

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following:

_____ Accessible Test Site
_____ Braille _____ Large Print
_____ Reader as accommodation for visual impairment
_____ Scribe/amanuensis as accommodation for visual or motor impairment
_____ Reader as accommodation for learning disability
_____ Scribe/amanuensis as accommodation for learning disability
_____ Sign Language Interpreter
_____ Extended testing time
_____ Separate testing area
_____ Use of computer or other adaptive equipment (specify): _____
_____ Other (specify): _____

TEST APPLICANT INFORMATION SECTION

Applicant's Name:	Applicant's Signature:
Address:	Work Phone #:
	Home Phone #:
Which test are you taking? (Circle one) WRITTEN EXAMINATION CPM ORAL PRESENTATION	Soc. Sec. #:

**Mail to: Missouri Substance Abuse Counselors' Certification Board, Inc.,
P.O. Box 1250, Jefferson City, MO 65102-1250**

Revised 10/5/04 (Online Application)

CHECK LIST FOR RASAC I APPLICATION

RASAC I Requirements

State of Missouri Caregiver Background Screening Form Sent to Missouri State Highway Patrol with \$5 Check	Yes	No
Application Completed, Signed and Dated Including the Code of Ethics:	Yes	No
RASAC I Recognition Fee \$125.00	Yes	No
Employment Fully Listed on Application (Applicable Counseling Work Experience in last 10 years)	Yes	No
Counselor Employment Verification Form(s) sent to Board office from Current and Past Employers documenting 160 Hours (30 days full time)	Yes	No
Job Description attached to each Counselor Employment Verification Form.	Yes	No
High School Graduation/GED documented copy of diploma enclosed	Yes	No
Counselor Development Plan signed by CSAC II or CASAC and Applicant:	Yes	No
Three (3) Letters Recommending Application for RASAC I	Yes	No

CHECK LIST FOR RASAC II APPLICATION

RASAC II Requirements

State of Missouri Caregiver Background Screening Form Sent to Missouri State Highway Patrol with \$5 Check	Yes	No
Application Completed, Signed and Dated Including the Code of Ethics:	Yes	No
RASAC II Recognition Fee \$125.00 (Upgrade from RASAC I \$100.00)	Yes	No
Employment Fully Listed on Application (Work Experience in last 10 years)	Yes	No
Counselor Employment Verification Form(s) sent to Board office		
from Current and Past Employers documenting		
2,000 Hours (1 years full time)	Yes	No
Job Description attached to each Counselor Employment Verification Form	Yes	No
Education/Training Fully Listed on Application:	Yes	No
High School Graduation/GED documented	Yes	No
Official transcript(s) sent directly to the Board office and Certificates of Completion to Document Education included with application:		
90 Hours to include the following:	Yes	No
9 hours in Substance Abuse Ethics	Yes	No
30 Hours of Substance Abuse related training	Yes	No
30 Hours obtained in past 12 Months	Yes	No
20 of the above 30 hours obtained outside place of employment (not in-service training)	Yes	No
Supervised Practicum in the 12 Core Functions Form(s):		
400 Performing hours which includes 75 hours of face to face supervision by a CSAC II or CASAC only.	Yes	No
Documentation of a minimum of 20 performing hours in each core function with a 1 to 20 ratio for first 20 hours in each core function.	Yes	No
Supervised Practicum Form(s) sent directly to Board office by supervisor(s).	Yes	No
Counselor Development Plan signed by CSAC II or CASAC and Applicant:	Yes	No
Three (3) Letters Recommending Application for RASAC II (Not required if letters from RASAC I application were within the last five years)	Yes	No

CHECK LIST FOR CSAC I APPLICATION

CSAC I Requirements

State of Missouri Caregiver Background Screening Form Sent to Missouri State Highway Patrol with \$5 Check	Yes	No
Application Completed, Signed and Dated Including the Code of Ethics:	Yes	No
CSAC I Certification Fee \$350.00 (upgrade from RASAC level \$250)	Yes	No
Employment Fully Listed on Application (Work Experience in last 10 years)	Yes	No
Counselor Employment Verification Form(s) sent to Board office		
from Current and Past Employers documenting 4,000 Hours (2 years full time)	Yes	No
Job Description attached to each Counselor Employment Verification Form.	Yes	No
Education/Training Fully Listed on Application:	Yes	No
High School Graduation/GED documented	Yes	No
Official Transcript(s) sent directly to the Board office and Certificates of Completion to Document Education included with application:		
180 Contact Hours Total to include the following:	Yes	No
9 hours in Substance Abuse Ethics	Yes	No
3 NEW hours (obtained after completion of current credential) of Substance Abuse Ethics if this is an <u>Upgrade Application from RASAC II</u>	Yes	No
45 hours in Substance Abuse	Yes	No
45 hours in Counseling Skills	Yes	No
60 Hours in Past 2 Years	Yes	No
40 of the above 60 hours are outside place of employment (not in-service training)	Yes	No
Supervised Practicum in the 12 Core Functions Form:		
1000 Hours which includes 125 hours of face to face supervision by a CSAC II or CASAC only	Yes	No
Documentation of a minimum of 20 performing hours in each core function with a 1 to 20 ratio for first 20 hours in each core function.	Yes	No
Supervised Practicum Form(s) sent directly to Board office by supervisor(s).	Yes	No
Three (3) Letters Recommending Application for CSAC I	Yes	No
Original <u>Plus</u> Four Copies of Case with cover sheets signed by both supervisor and applicant enclosed with application	Yes	No

Revised 10/5/04 (Online Application)

CHECK LIST FOR CSAC II APPLICATION

CSAC II Requirements

State of Missouri Caregiver Background Screening Form Sent to Missouri State Highway Patrol with \$5 Check	Yes	No
Application Completed, Signed and Dated Including the Code of Ethics:	Yes	No
CSAC II Certification Fee \$350.00 (upgrade from RASAC level \$250.00) (upgrade from CSAC I \$100.00)	Yes	No
Employment Fully Listed on Application (Work Experience in last 10 years)	Yes	No
Counselor Employment Verification Form(s) sent to Board office from Current and Past Employers documenting 6,000 Hours (3 years full time)	Yes	No
Job Description attached to each Counselor Employment Verification Form	Yes	No
Education/Training Fully Listed on Application:	Yes	No
High School Graduation/GED documented.	Yes	No
Official Transcript(s) sent directly to the Board office and Certificates of Completion to Document Education included with application:		
270 Contact Hours Total to include the following:	Yes	No
9 hours in Substance Abuse Ethics	Yes	No
3 NEW hours (obtained after completion of current credential) of Substance Abuse Ethics		
<u>if this is an Upgrade Application from RASAC II, or CSAC I</u>	Yes	No
45 hours in Substance Abuse	Yes	No
45 hours in Counseling Skills	Yes	No
60 Hours in Past 2 Years	Yes	No
40 of the above 60 hours are outside place of employment (not in-service training)	Yes	No
Supervised Practicum in the 12 Core Functions Form:		
1800 Hours performing which includes 150 hours of face to face supervision by a CSAC II or CASAC only.	Yes	No
Documentation of a minimum of 20 performing hours in each core function with a 1 to 20 ratio for first 20 hours in each core function.	Yes	No
Supervised Practicum Form(s) sent directly to Board office by supervisor(s).	Yes	No
Three (3) Letters Recommending Application for CSAC II (Not required if letters from CSAC I application were within the last five years)	Yes	No
Original <u>Plus</u> Four Copies of Case with cover sheets signed by both supervisor and applicant enclosed with application	Yes	No
Revised 10/5/04 (Online Application)		

CHECK LIST FOR CASAC APPLICATION

CASAC Requirements

State of Missouri Caregiver Background Screening Form Sent to Missouri State Highway Patrol with \$5 Check	Yes	No
Application Completed, Signed and Dated Including the Code of Ethics:	Yes	No
CASAC Certification Fee \$350.00 (upgrade from RASAC level \$250) (upgrade from CSAC I or II level \$225.00)	Yes	No
Employment Fully Listed on Application (Work Experience in last 10 years)	Yes	No
Counselor Employment Verification Form(s) sent to Board office		
from Current and Past Employers documenting 4,000 Hours within 10 years providing treatment and rehabilitation of substance abusers	Yes	No
Job Description attached to each Counselor Employment Verification Form	Yes	No
Education/Training Fully Listed on Application:	Yes	No
Master's Degree in a Human Service Behavior Science field with a Clinical Application (e.g. practicum).	Yes	No
Official Transcript(s) sent directly to the Board office and Certificates of Completion to Document Education included with application:		
180 Contact Hours Total to include the following:	Yes	No
9 hours in Substance Abuse Ethics	Yes	No
3 NEW hours (obtained after completion of current credential) of Substance Abuse Ethics		
<u>if this is an Upgrade Application from RASAC II, CSAC I, or CSAC II</u>		Yes
No		
45 hours in Substance Abuse	Yes	No
45 hours in Counseling Skills	Yes	No
60 Hours in Past 2 Years	Yes	No
40 of the above 60 hours are outside place of employment (not in-service training)	Yes	No
Supervised Practicum in the 12 Core Functions Form:		
300 Hours performing which includes 30 hours of face to face supervision by a CSAC II or CASAC only.	Yes	No
Documentation of a minimum of 20 performing hours in each core function with a 1 to 20 ratio for first 20 hours in each core function.	Yes	No
Supervised Practicum Form(s) sent directly to Board office by supervisor(s).	Yes	No
Three (3) Letters Recommending Application for CASAC (Not required if letters from CSAC I or CSAC II application were within the last five years)	Yes	No
Original <u>Plus</u> Four Copies of Case with cover sheets signed by both supervisor and applicant enclosed with application (Not required if completed as a CSAC I or CSAC II applicant)	Yes	No

Revised 10/5/04 (Online Application)

FEES

The cost of this application packet is \$25.00.

The application fee for the RASAC I and RASAC II is **\$125.00**.

The application fee for the CSAC I, and CSAC II is **\$350.00**

The application fee for the CASAC is **\$350.00**.

To upgrade from RASAC I to RASAC II the fee is **\$100.00**.

To upgrade from RASAC I or RASAC II to CSAC I, CSAC II or CASAC is **\$250.00**.

To upgrade from CSAC I to CSAC II is **\$100.00**.

To upgrade from RASAC I, RASAC II, CSAC I, or CSAC II to CASAC is **\$100.00** plus any appropriate examination (written and/or CPM) fees.

The written examination fee is \$125.00. (CSAC written exam or CASAC written exam)

The Case Presentation Method fee is \$125.00.

The written examination hand-scoring fee is \$25.00.

The written examination retest fee is \$125.00.

The Case Presentation Method retest fee is \$125.00.

RASAC I is a non-renewable level of recognition. Annual renewal fee for RASAC II is \$75.00 and the biennial renewal fee for CSAC I, CSAC II, and CASAC is \$190.00. To replace a renewal packet the fee is \$25.00. The late charge for a renewal is \$75.00, and will be assessed if the renewal materials are postmarked after October 31st. Renewal materials postmarked on or after December 1st will not be accepted and the counselor's file will be closed.

To replace a lost certificate the fee is \$10.00.

To receive copies of information from your file, the fee is a \$10.00 minimum plus \$2.00 per page after the first ten pages.

To purchase a Written Examination Study Guide the fee is \$40.00.

To purchase a Case Presentation Method Study Guide the fee is \$45.00.

To purchase a Role Delineation Study the fee is \$30.00.

Revised 10/5/04 (Online Application)

**Missouri Substance Abuse Counselors' Certification Board, Inc.
Board of Directors – January 2004**

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Northwestern Region Representative
(W) (816) 387-8541

WRITTEN EXAMINATION SCHEDULE FOR CSAC I, CSAC II, CSAPP, AND CASAC APPLICANTS

March 12, 2005	Saturday
June 11, 2005	Saturday
September 10, 2005	Saturday
March 11, 2006	Saturday

Testing time is three and one half hours.

Dates are subject to change without notice.

Testing Location: Jefferson City, Missouri

CASE PRESENTATION METHOD SCHEDULE FOR CSAC I, CSAC II, AND CASAC APPLICANTS

November 12 & 13, 2004	Friday & Saturday
May 6 & 7, 2005	Friday & Saturday
August 5 & 6, 2005	Friday & Saturday
November 4 & 5, 2005	Friday & Saturday

Dates are subject to change without notice.

CPM will be held in: Jefferson City, Missouri

WRITTEN EXAMINATION FLOW CHART

Certification Written Examination on March 12, 2005 for CSAC I, CSAC II, and CASAC Applicants

Application packets are accepted by the Missouri Substance Abuse Counselors' Certification Board beginning August 20, 2004, and must be postmarked no later than November 4, 2004.

Applications are reviewed by the Board office and submitted to Regional Credentials Committee.

**Received by Regional Credentials Committee.
First possible date for Regional Credentials Committee review is August 20, 2004. Last possible date for files to be sent for Regional Credentials Committee is December 19, 2004**

Application approved by Regional Credentials Committee. Applicant notified of eligibility to take the March 12, 2005, written examination.

Revised 10/5/04 (Online Application)

WRITTEN EXAMINATION FLOW CHART

Certification Written Examination on June 11, 2005 for CSAC I, CSAC II, and CASAC Applicants

Application packets are accepted by the Missouri Substance Abuse Counselors' Certification Board beginning September 20, 2004, and must be postmarked no later than February 4, 2005.

Applications are reviewed by the Board office and submitted to Regional Credentials Committee.

Received by Regional Credentials Committee.

First possible date for Regional Credentials Committee review is September 20, 2004.

Last possible date for files to be sent for Regional Credentials Committee is March 19, 2005.

Application approved by Regional Credentials Committee. Applicant notified of eligibility to take the June 11, 2005, written examination.

Revised 10/5/04 (Online Application)

WRITTEN EXAMINATION FLOW CHART

Certification Written Examination on September 10, 2005 for CSAC I, CSAC II, and CASAC Applicants

Application packets are accepted by the Missouri Substance Abuse Counselors' Certification Board beginning March 20, 2005, and must be postmarked no later than May 4, 2005.

Applications are reviewed by the Board office and submitted to Regional Credentials Committee.

**Received by Regional Credentials Committee.
First possible date for Regional Credentials Committee review is March 20, 2005. Last possible date for files to be sent for Regional Credentials Committee is June 19, 2005.**

Application approved by Regional Credentials Committee. Applicant notified of eligibility to take the September 10, 2005, written examination.

Revised 10/5/04 (Online Application)